

INTAKE FORM

- Please print out and complete this form and bring it with you to your first session.
- Also, bring a government issued photo identification to your first session.
- Please provide the following information.
- Information that you provide is confidential.

NAME:

_____ / _____ / _____
(Last Name) (First Name) (Middle Name)

BIRTH DATE:

____ / ____ / ____
(Month) (Day) (Year)

AGE:

CHILDREN & THEIR AGE(S):

GENDER:

Check one or more options that reflect your gender

- Woman Man
 Non-Binary Transgender
 Other:

PRONOUNS:

Check one or more options for the set(s) of pronouns you want people to use to refer to you

- He, Him, His They, Them, Theirs
 She, Her, Hers Sie, Hir, Hirs
 Other:

MARITAL STATUS:

- Never Married Separated
 Domestic Partner Divorced
 Married Widowed

ADDRESS:

(Street and Number)

(City)

(State)

(Zip Code)

HOME PHONE:

CELL PHONE:

EMAIL:

May I leave a message?

Yes No

May I leave a message?

Yes No

May I email you?

Yes No

What is your preferred method of communication? _____

WERE YOU REFERRED BY SOMEONE? IF SO, WHO?

HAVE YOU PREVIOUSLY RECEIVED ANY TYPE OF MENTAL HEALTH SERVICES? (such as: psychological, psychiatric, counseling, etc)

Yes No

LIST PREVIOUS THERAPISTS (OR DOCTORS) AND TREATMENT RECEIVED:

ARE YOU CURRENTLY PRESCRIBED ANY PSYCHIATRIC MEDICATION:

Yes No

Medication: _____ Dose: _____ Prescriber: _____

Medication: _____ Dose: _____ Prescriber: _____

Medication: _____ Dose: _____ Prescriber: _____

ARE YOU TAKING ANY MEDICATIONS OF ANY KIND? LIST:

Emergency Contact Information:

(Last Name)

(First Name)

(Phone)